

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50416

FILED
Jan 22, 2009
Secretary of State

Entity Name: ARK MINISTRY, INC.

Current Principal Place of Business:

2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 826211
PEMBROKE PINES, FL 330826211 US

New Mailing Address:

2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 US

FEI Number: 65-0367930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINCAID, RON
2711 S.W. 179 AVENUE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINCAID, RON
Address: 2711 S.W. 179 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: SEYMOUR, TED
Address: 3291 NE 4 AVE
City-St-Zip: BOCA RATON, FL 33431

Title: CD () Delete
Name: FRICK, PAUL
Address: 7720 SW 99TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: KASSEES, PHIL
Address: 2647 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SANTIAGO, DIEZ
Address: 80 SW 8 STREET, SUITE 2510
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON KINCAID

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date